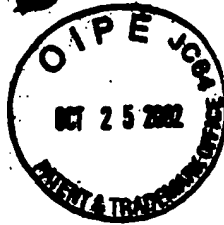


01272.020422



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
TETSUHIRO MAEDA ET AL.) Examiner: L. Nguyen
Application No.: 09/629,093) Group Art Unit: 2861
Filed: July 31, 2000) Confirmation No.: 4401
For: INK JET PRINTING APPARATUS)
AND INK JET PRINTING METHOD : October 24, 2002

Commissioner for Patents
Box ISSUE FEE
Washington, D.C. 20231

AMENDMENT AFTER ALLOWANCE

Sir:

The issue fee not yet having been paid, please amend the above-identified application as follows pursuant to 37 C.F.R. § 1.312:

IN THE CLAIMS:

Please amend Claim 2, and add Claims 25-38, to read as follows (a marked-up version of Claim 2, showing the changes made thereto, is attached).

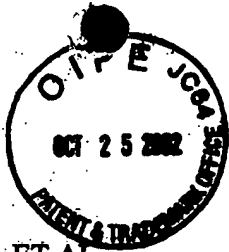
2. (Amended) An ink jet printing apparatus according to claim 1, wherein the printing duty determining means determines the printing duties of the divided areas in the same main scan print area situated at the ends of the print head to smaller values than those of the

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In re Application of:

TETSUHIRO MAEDA ET AL.

Application No.: 09/629,093

Filed: July 31, 2000

For: INK JET PRINTING APPARATUS
AND INK JET PRINTING METHOD

Docket N . 01272.020422

Examiner: L. Nguyen

Group Art Unit: 2861

Date: October 24, 2002

Amend

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Match & Return

Sir:

Transmitted herewith is an Amendment After Allowance in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 38	MINUS	** 24	= 14	x \$9 \$18	\$ 252.00
INDEP. CLAIMS	* 23	MINUS	*** 9	= 14	x \$42 \$84	\$1176.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$1428.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

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☒ A check in the amount of \$1428.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Peter G. Thelen

Attorney for Applicants

Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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